

Master File # \_\_\_\_\_

**Central Florida B.O.A.F**  
Exterior Window and Door  
Master Filing Checklist

**I. Sufficiency Review**

Manufacturer Name: SEASON SHIELD

Model Number(s): SERES 6500 IMPACT HORIZ ROLLER

Contact Name & Number: FRANK ROSEN (941) 650-3810

Please ensure the following are contained in your submittal:

- X   Two (2) signed and sealed engineered installation details.
- X   One (1) copy of a signed and sealed test report.
- X   One (1) signed and sealed engineered calculations for alternate fastening method, if applicable.

**II. Governmental Product Approval:**

<u>Agency</u>	<u>Initials/Date</u>	<u>Agency</u>	<u>Initials/Date</u>
Brevard, County of	_____	Melbourne, City of	_____
Cape Canaveral	_____	Mt. Dora, City of	_____
Cocoa Beach, City of	_____	Orange, County of	_____
Eustis, City of	_____	Port Orange, City of	_____
Indianalantic, City of	_____	Rockledge, City of	_____
Indian Harbour, City of	_____	Satellite Beach, City of	_____
Lake, County of	_____	Seminole, County of	_____
Lake Mary, City of	_____	Tavares, City of	_____
Leesburg, City of	_____	Titusville, City of	_____
Maitland, City of	_____	West Melbourne, City of	_____
Malabar, City of	_____	Winter Park, City of	_____
Melbourne Beach, City of	_____	Highlands, County of	_____

**Scan Date** \_\_\_\_\_